

# EXHIBIT F



## Beneficiary Contestable Questionnaire

### American General Life Insurance Company

A member of American International Group, Inc. (AIG)

Service Center: P.O. Box 818100, Cleveland, OH 44181

Please answer the following questions concerning the application for the policy#: 4209668408

We wish to provide you with every opportunity to give us information to help our review. This questionnaire is intended for that purpose.

Generally, there are two parts to the insurance application: Part A which asks for personal, occupational and background information about the insured and it's typically completed by the Agent, and Part B which asks about the insured's medical history and physical condition during the application and it's typically completed by a medical examiner. Please provide any information you have about the application process.

#### Part A: Insured's personal, occupational and background information

YES NO

Were you present when the Part A was completed? ..... ☒ ☐

IF YOU WERE PRESENT, please answer the questions below.

1. Did the agent explain the two-year contestable period to the Insured/Owner? AS I REMEMBER IS "NO" ☐ ☒
2. Where was the Part A application completed? BY PHONE <sup>CALL</sup> AT HOME OFFICE
3. Name all persons who were present when the Part A application was completed.  
✓ ROBERT W. RUTLEDGE ✓ AGENT  
✓ PRATIWI H. RUTLEDGE
4. Did the agent see each proposed insured when Part A application was completed? TALK / COMMUNICATE BY PHONE CALL ☒ ☐
5. Were all the questions on the Part A application asked by the agent? ..... ☒ ☐
6. Who answered the questions? ROBERT W. RUTLEDGE
7. Were the answers written on the Part A application by the agent exactly as they were given to him/her? THE CORRECT BIRT DATE <sup>OF</sup> JASLYN IS 10/07/2009 ☒ ☐
8. Was the Part A application signed in the presence of the agent? BY PHONE / ONLINE / E-SIGNED ☒ ☐
9. Who signed the Part A application? ROBERT W. RUTLEDGE
10. How long had the agent known the proposed applicant? NEVER KNOWN EACH OTHER
11. In what capacity did the agent know the proposed insured? N/A
12. At the time the Part A application was completed, was the agent aware of any health history any proposed insured may have had? ..... ☒ ☐  
If Yes, what specific information was known. ASTHMA SINCE 1988, AND FAMILY HISTORY (MOTHER) DEATH AT 61 DUE TO LYPHOMA CANCER
13. Did the agent contact the proposed insured for the insurance? YES, AFTER <sup>WE</sup> INTERNET SEARCHING ☒ ☐ FOR INSURANCE
14. Was the agent contacted for the insurance by the proposed insured or by someone else? PROPOSED INSURED ☒ ☐

If the agent was contacted by someone else, please furnish the name and address of the person.

**Part B: insured's medical history and physical condition**

YES NO

Were you present when the Part B was completed? ..... ☒ ☐

IF YOU WERE PRESENT, please answer the following questions regarding the completion of the application.

1. Where was the Part B application completed? AT OUR HOUSE, 19886 HARVEST DRIVE, LAKEVILLE, MN, 55044

2. Name all persons who were present when the Part B application was completed.

☒ ROBERT W. RUTLEDGE ☒ NURSE/EXAMINER  
☒ PRATIWI H. RUTLEDGE

3. Did the medical examiner see each proposed insured when the Part B application was completed? ..... ☒ ☐

4. Were all the questions on the Part B application asked by the medical examiner? ..... ☒ ☐

5. Who answered the questions? ROBERT W. RUTLEDGE

6. Were the answers written on the Part B application by the medical examiner exactly as they were given to him/her? ☒ ☐

7. Was the medical examiner given any information whatsoever regarding the past health history of any insured? ..... ☒ ☐

If so, what information was given to the medical examiner? Please be specific.

\* ASTHMA FOR MANY MANY YEARS SINCE 1988 UNTIL CURRENT

\* FAMILY HISTORY (MOTHER) DEATH AT 61 DUE TO LYPHOMA CANCER

8. Was the Part B application signed in the presence of the medical examiner? ..... ☒ ☐

9. Who signed the Part B application? ROBERT W. RUTLEDGE

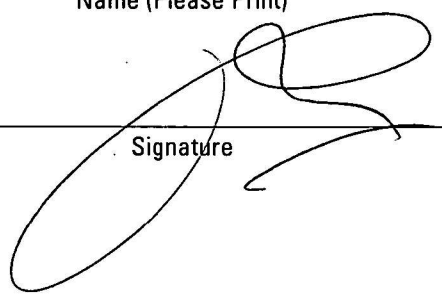
**General Questions**

1. If you have any further comments concerning this policy or claim, please furnish this information.

2. If you had any assistance in completing this form, please furnish the name and address of the person who assisted you.

PRATIWI H. RUTLEDGE

Name (Please Print)

  
Signature

10/28/2021

Date